

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18876

State File No. _____

Registrar's No. 199

FILED JUN 11 1943

Primary Registration District No. 6048

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town WELTON SPRINGS
(c) Name of hospital or institution: W.S. ORDINANCE PLANT 3
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Andrew Huss

3. (b) If veteran, name war World War I 3. (c) Social Security No. 499-14-5958

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Salisbury Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business SAME

12. Name Edward Huss

13. Birthplace Mascoutah Ill
(City, town, or county) (State or foreign country)

14. Maiden name Lena Sutter

15. Birthplace Salisbury Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lucinda Huss

(b) Address Salisbury Missouri

17. (a) BURIAL (b) Date thereof JUNE 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery

18. (a) Signature of funeral director Geo. W. Winkelman

(b) Address Salisbury, Mo.

19. (a) 6-2-43 (b) E. A. Keithley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CHARITON 31
(c) City or town Salisbury
(If outside city or town limits, write "RURAL") 2
(d) Street No. 5
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 6 minute 12 P. M.

21. I hereby certify that I attended the deceased from Corner's Viewing of Body
that I last saw him alive on _____ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 10 min
Duration

Due to _____

Due to Gen Arterio sclerosis

Other conditions (include pregnancy within 3 months of death) 94 a

Major findings: Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature W. P. Erich Schuf (M. D. or other) MD
Address St. Charles Mo. Date signed 6/4/43

JUN 18 1943

JUL 30 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

E. Keithly

Licensed Embalmer No. _____

822

P. O. Address _____

Ballou Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.